

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	1							
2		1						
3	1	1						
4		1						
5								
6		1 3						
7		1 3						
8		1 3						
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TOTAL IND.	2							
TOTAL DEP.	14	←	←	←	←	←		
TOTAL CLAIMS	26	██████	██████	██████	██████	██████	██████	██████
TOTAL IND.								
TOTAL DEP.		←	←	←	←	←		
TOTAL CLAIMS		██████	██████	██████	██████	██████	██████	██████